

L040000009896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

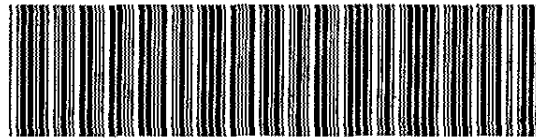
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/29/04--01039--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L04-9896
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 20, 2004

IDRIS VOLDNESS
4025 W. NEW HAVEN AVE.
MELBOURNE, FL 32904-1974

Because the name of a limited liability company is filed for notice purposes only, all limited liability company names are accepted regardless of any other filings on file with this office. Therefore, we do not reserve limited liability company names.

We are enclosing the form and instructions for forming a Florida limited liability company. Please complete the enclosed form and return it to this office with the enclosed checks totaling \$125 if you wish to form a Florida limited liability company at this time.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 304A00003498

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TALLAHASSEE, FLORIDA

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Reservation of LLC Name

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Date: January 14, 2004

LLC Filings Office:

Please reserve the following proposed limited liability company name for my use for the allowable period specified under state law:

The Feed Store of Melbourne, LLC

I enclose a check in payment of the reservation fee. Please send a certificate, receipt for payment, or other acknowledgment or approval of my reservation request to me at my address shown below.

Thank you for your assistance,

Signed: Idris D. Voldness

Idris D. Voldness

4025 West New Haven Ave.

Melbourne, FL 32904-1974

Enclosures: check for reservation fee, stamped, self-addressed envelope

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Feed Store of Melbourne, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IDRIS VOLINNESS
(Name of Person)

The Feedstore of Melbourne, LLC
(Firm/Company)

4025 W. New Haven Ave
(Address)

MELBOURNE, FL 32904
(City/State and Zip Code)

For further information concerning this matter, please call:

IDRIS VOLINNESS at (321) 726-0413
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Feed Store of Melbourne, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4025 W. New Haven
Melbourne, FL 32904

Mailing Address:

The Feed Store of Melbourne
4025 W. New Haven
Melbourne, FL 32904

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

IDRIS VOLOSNESS

Name

4025 W. New Haven

Florida street address (P.O. Box **NOT** acceptable)

Melbourne, FL FLORIDA 32904

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:


MGRM

IDRIS VOLONESS
4025 W. New Haven Ave
Melbourne, FL 32907

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

IDRIS VOLONESS
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALAHASSEE, FLORIDA

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